Name, address and telephone number of attorney or par	ty without attorney:	FOR COURT USE ONLY
Telephone No.:	Fax No.:	
SUPERIOR COURT OF CALIFORNIA,		
STREET ADDRESS: 1175 Civic Center Bouleva MAILING ADDRESS: 1175 Civic Center Bouleva		
CITY AND ZIP CODE: Yuba City, CA 95993		
BRANCH NAME:		
PEOPLE OF THE STATE OF CALIFORNIA vs.		
DEFENDANT:		
REQUEST FOR PERMISSION TO ATTEND TRAFFIC SCHOOL SPEEDING MORE THAN 25 MILES OVER THE SPEED LIMIT		CACE NUMBED:
I received a citation in Sutter County on:		for violating section(s):
I hereby enter a plea of □guilty or □no contest (to all violations) and request permission to attend traffic school.		
I have read and understand my statement of rights and have included the signed original with this request.		
I affirm that my plea of guilty or no contest is not being made on the condition that I receive permission to attend traffic school, and that the court may or may not grant my request to attend traffic school, in its discretion.		
understand that if granted, I must compl	ete traffic school within 90 days.	ine and \$52 state administrative fee forthwith. I If I fail to complete traffic school within 90 days ent of Motor Vehicles. I understand the \$52
I am requesting traffic school because:		
I declare under penalty of perjury under	the laws of the State of California	ia that the foregoing is true and correct.
Date:		
(TYPE OF PRINT NAME)		(CIONATURE OF DEFENDANT)
(TYPE OR PRINT NAME)		(SIGNATURE OF DEFENDANT)
	FOR COURT USE ONL	_Y
Prior DMV Record: Yes No No	No CA DMV record available	
	ORDER	
Request for permission to attend traf	fic school is: Granted De	enied
☐ Matter is set for hearing on:		····
HEARING DATE:	HEARING TIME:	LOCATION:
		1175 Civic Center Blvd. Yuba City, CA 95993 Courtroom: TBD
Deter		
Date: Judge of the Superior Court		